

## Instructions: Proposal Cover Page

**The Proposal Cover Page is for both county model program proposals, as well as all other proposals. Fill out all numbered boxes, sign and attach this form to the front of your proposal. Numbers below correspond to box numbers.**

1. Provide a title of the proposal that clearly defines the proposal (e.g. X County Forage Program, Expansion of Simon & Simon Widget Manufacturing).
- 2 a. Provide the legal name of the organization/business/individual that will administer the funds. Checks for disbursement of funds will be made out to this entity. This entity will also be responsible for reporting, evaluations, distribution of 1099s, if applicable, and other duties related to the legal agreement.
- 2 b. Provide the address where the check for this application is to be mailed, if approved.
- 3 a. Provide name and title of individual with authority to sign contracts. Attach a copy of the meeting minutes denoting the person listed here is authorized to sign agreements. These minutes must have been approved at a meeting within the last 12-months of the application.
- 3 b. Provide contact information for individual listed in item 3a.
- 3 c. Address for individual listed in item 3a, if different than 2b (the legal agreement will be sent to this address).
- 4 a & b. Check appropriate boxes as they relate to entity in item 2a. Contact the Secretary of State's office [(502) 564-2848] to find out how your organization/business is registered to do business in the Commonwealth. This information can also be obtained at the Secretary of State's web site:  
<http://www.sos.ky.gov/>
- 4 c. Provide tax identification number for the entity listed in item 2. This is a nine-digit number. If sole proprietorship, this may be your social security number.
5. Check the appropriate box. If this is for a county model program, list the appropriate model program. **One** program per cover page. Guidelines for the county model programs are available at <http://agpolicy.ky.gov/funds/>. If this is for a unique project that does not fit into any of the county model programs, check 'other.'
6. Anticipated starting date.
7. Anticipated ending date, as it relates to this funding request.
8. Check appropriate box. If this is a request for additional funds (amendment) within the term of the current legal agreement for a county model program, then include your Agricultural Development Fund application number at the top of the page (located on your agreement letter).

9. Fill out each letter as applicable. Line d. should be the sum of lines a. & c.

10. Indicate amount of funding you have received from county and state Agricultural Development Funds. This includes amount received from model programs listed in item 8.

11. This amount should be equal to or less than 50% of the total project budget.

12 a - c. The project contact is the person to whom questions about the application will be directed. If this is the authorized representative (AR), leave blank; otherwise, fill in the appropriate information.

13. Provide a brief summary of your proposal. Specifically how the requested funds will be used. If this is a model program request for additional funds, then include a statement explaining why additional funds are needed for the current program term. If this is a menu approach, then list each of the programs to be offered in this menu approach.

Make sure the Authorized Representative (AR) signs and dates the cover page.